

2/26/05

~~Exhibit A~~

~~Page 8~~ ~~Exhibit C-1~~

~~Exhibit~~

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

(GANDER HILL)

This request is for (circle one): **MEDICAL** **DENTAL** **MENTAL HEALTH**

Leonard Baylis

1-D-5

Name (Print)

Housing Location

9-5-50

100231

16 September 05

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)

Recently Visited Dentist
and was told to come back when sentenced. I am now
sentenced (9-15-05) I need denture work I have
trouble chewing/eating - it is hard on my stomach

Leonard Baylis

16 September 05

Inmate Signature

Date

The below area is for medical use only. Please do not write any further

s: you have been scheduled for sick call

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

no answer

Provider Signature and Title

Date

Time

~~Exhibit B-13~~

FORM #584

Exhibit C-2

GRIEVANCE FORM

FACILITY: De Correctional Ctr. DATE: 28 Feb 06
 GRIEVANT'S NAME: Leonard Baylis SBI#: 100251
 CASE#: 24239 TIME OF INCIDENT: ONGOING
 HOUSING UNIT: ✓

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

CONCERNING Dental Work NOT Accomplished
AFTER Requests And grievances Dated 29 Nov 05
And 27 Dec 05 Returned UNSOLVED And 27 Dec
05 Grievance Resubmitted. NO Actual
WORK has been Accomplished. I have difficulty
eating And this leads to Stomach problems

ACTION REQUESTED BY GRIEVANT: To Receive Actual Dental
Work

GRIEVANT'S SIGNATURE: Leonard BaylisDATE: 28 Feb 06

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

RECEIVED


MAR 01 2006

April '97 REV

Inmate Grievance Office

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FORM #585

MEDICAL GRIEVANCEexhibit C-2 
J. MedicalFACILITY: D.C.C.
INMATE'S NAME: Leonard Baylis
HOUSING UNIT: VDATE SUBMITTED: 28 Feb 06
SBI#: 500231
CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM:

Concerning Dental work not accomplished, after requests and grievances dated 29 Nov 05 and 27 Dec. Returned unresolved and 27 Dec Grievance re submitted. No actual work has been accomplished. I have difficulty eating and this leads to stomach problems.

GRIEVANT'S SIGNATURE: Leonard BaylisDATE: 28 Feb 06ACTION REQUESTED BY GRIEVANT: To receive actual
Dental work.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Exhibit C-3

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : BAYLIS, LEONARD K SBI# : 00100231 Institution : DCC
Grievance # : 22328 Grievance Date : 11/29/2005 Category : Individual
Status : Unresolved Resolution Status : Resol. Date :
Grievance Type: Health Issue (Medical) Incident Date : 11/29/2005 Incident Time : 13:00
IGC : Merson, Lise M Housing Location : Bldg V, Tier D, Cell 1, Single

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: After repeated attempts to see Dentist (I have trouble eating because of missing teeth) and after signing off on a grievance on 15 Nov(at gander hill) and after I was promised dental treatment, I was today refused treatment because of wrong information in Dental records.

Remedy Requested : To receive proper Dental Treatment.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 01/11/2006
Investigation Sent : 01/11/2006 Investigation Sent To : Malaney, Christine
Grievance Amount :